PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	ed portal of affected of	or transmitting the ISSI in the Patent, advance on the patent, advance on the patent in Block 1, by (	UE FEE and PUBLICATI rders and notification of r a) specifying a new corres	ON FEE (if required). Inaintenance fees will be spondence address; and/or	Blocks 1 through 5 she mailed to the current of (b) indicating a separ	ould be completed where correspondence address as ate "FEE ADDRESS" for	
24998 DICKSTEIN S 1825 EYE STRE Washington, DC	7590 11/06 SHAPIRO LLP EET NW	ock 1 for any change of address)	Fee( pape have	(s) Transmittal. This certifiers. Each additional paper e its own certificate of ma	icate cannot be used fo , such as an assignmen ling or transmission.	domestic mailings of the rany other accompanying to r formal drawing, must aission deposited with the United class mail in an envelope above, or being facsimile te indicated below.	
						(Depositor's name)	
						(Signature)	
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/811,995 TITLE OF INVENTION	03/30/2004 : CLOSED-LOOP HIG	H VOLTAGE BOOSTE	Hai Yan	M	4065.1033/P1033	2651	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/06/2007	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	1			
NGUYEN, MA	TTHEW VAN	2838	363-059000	J			
Address form PTO/SI	ondence address (or Cha B/122) attached. ication (or "Fee Address 2 or more recent) attach	inge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	pe)			
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG	h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY	occianment			
Micro	on Technology	, Inc.	Boise, Idal	ha 91 FUET501		9 10811995	
	~-	categories (will not be p	•	85, FC: 150A	on or other private grou	1498, 98	
4a. The following fee(s) Issue Fee Publication Fee (N	No small entity discount j		b. Payment of Fee(s): (Plea A check is enclosed.		iously paid issue fee s	15.69 Õp hown above)	
5. Change in Entity Sta	•	•					
NOTE: The Issue Fee an	s SMALL ENTITY state d Publication Fee (if req records of the United Sta		d from anyone other than t	ger claiming SMALL EN' he applicant; a registered			
Authorized Signature	HIL	K		Date 1/23	107		
Typed or printed nam	e <u>Gianni</u> N	linutoli	Registration No. 41,198				
This collection of inform an application. Confiden submitting the complete this form and/or suggesti	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the	on is required to obtain or 1.14. This collection is est depending upon the individual Chief Information Office.	etain a benefit by the pub imated to take 12 minutes idual case. Any commen or, U.S. Patent and Traden	ic which is to file (and to complete, including s on the amount of timnark Office, U.S. Depar	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O.	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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G TEAD TO 12/08/	Complete if Known										
Fees pursuant to the Consolidated Approp	Application Number		10/811,995-Conf. #2651								
FEE TRANS	MITTAL			arch 30, 2004	, 2004						
For FY 20	006	First Named Inventor Hai Yan									
		Examiner Name M. V. Nguyer			<del></del>						
Applicant claims small entity stat	us. See 37 CFR 1.27	Art Unit	28								
TOTAL AMOUNT OF PAYMENT	Attorney Docket No. M4065.1033/			1033							
METHOD OF PAYMENT (check	all that apply)										
Check X Credit Card	Money Order No	ne Other (ple	ease identify	/):							
X Deposit Account Deposit Account	Number: 04-1073 Deposit Ac	count Name:	Dick	stein Shapiro	o LLP						
For the above-identified depe	osit account, the Director i	s hereby authorized	to: (check	all that apply)							
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) under 37 CFR 1	fee(s) or underpayments o .16 and 1.17	of x Credit an	ny overpayi	ments							
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND E											
F <sup>1</sup>	LING FEES SE Small Entity	ARCH FEES E		TION FEES Small Entity							
Application Type Fee (\$			Fee (\$)	Fee (\$)	Fees P	aid (\$)					
Utility 300	150 500	250	200	100							
Design 200	100 100	50	130	65							
Plant 200	100 300	150	160	80							
Reissue 300	150 500	250	600	300							
Provisional 200	100 0	0	0	0							
2. EXCESS CLAIM FEES						Small Entity					
Fee Description					Fee (\$)	Fee (\$)					
Each claim over 20 (including Reiss Each independent claim over 3 (inc	•				50 200	25 100					
Multiple dependent claims	iduling Reissues)				360	180					
1 ' '	Foo (\$) Fee	Paid (\$)	Mult	tiple Depende		100					
Total Claims  36 - 59 =	Fee (\$) Fee	raid (#)	Fee		Fee P <u>aid (\$</u>	<b>)</b>					
HP = highest number of total claims paid for				177		4					
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)				_					
- 12	x =										
HP = highest number of independent claim	s paid for, if greater than 3.				. 103. 91						
3. APPLICATION SIZE FEE  If the specification and drawings e listings under 37 CFR 1.52(e)), sheets or fraction thereof. See	the application size fee d	ue is \$250 (\$125 for	nically filed r small enti	d sequence or ity) for each a	computer dditional 50	)					
Total Sheets Extra Shee	ts Number of each	additional 50 or fraction		Fee (\$)	Fee F	Paid (\$)					
- 100 =		_ (round <b>up</b> to a whole	number) x		=	Paid (\$)					
4. OTHER FEE(S)  Non-English Specification, \$13	O fee (no small entity dis	count)			rees	Palu (\$)					
Other (e.g., late filing surcharge	1501 Utility issue fee	County			1,4	00.00					
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SUBMITTED BY 0											
Signature	<del> </del>	Registration No.	41,198	Telephone	(202) 42	0-3191					
Name (Print/Type) Gianni Minutoli		(Attorney/Agent)	<u>:</u>	Date	January 2						

Name (Print/Type) Gianni Minutoli Date January 2	23, 2007